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IMPACT ON HEALTH ECONOMY OF A NEW THEORETICAL FRAMEWORK OF HEALTH: THE MEIKIRCH MODEL

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Costs of health care have become a growing and potentially dangerous burden to the society. Yet, so far health economy (HE) has not been able to relieve the situation. We invite health economists to give considerations to a new look at the nature of health described by the Meikirch model (MM) and to explore its possible benefits for HE. The Mm states: "Health is a dynamic state of wellbeing emergent from conductive interactions between individuals' potentials, life's demands, and social and environmental determinants. Throughout the life course health results when an individuals' biologically given potential (BGP) and his or her personally acquired potential (PAP), interacting with social and environmental determinants, satisfactorily respond to the demands of life." The PAP of each individual is the most modifiable component of the model. It responds positively to constructive social interactions and to personal growth. It is the site of personal responsibility. The rising costs of health care presumably are due in part to the tragedy of the commons, to Moral Hazard of patients and of physicians, to managers and to other factors. Only a new culture of health will bring costs down to a satisfactory level. This encompasses innovations in personal health leadership and renegotiations of relationships at all social levels. Thereby equal weight is to be given to the MM, to HE, and to normative considerations. Refocusing of the health care system on the Mm may relieve the society from damages related to a destructive financial burden.

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BUILDING AND OPERATING A PETROCHEMICAL COMPLEX IN A POOR COMMUNITY: NOT IN MY BACKYARD (NIMBY) OR EXPECTING BENEFITS

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Objective: To compare the health and economic experience of residents in a poor neighborhood next to a large petrochemical complex (PC) with 20,000 workers, in off-shore Taiwan, before and after year 2000 when built.

Methods: Selected exposure data from inside and outside PC, cancer rates, life expectancy, and economic benefits were analyzed. A health examination program for the residents living near PC was conducted between May 2014 and May 2015.

Results: Exposures were low for workers and for residents. High cancer rates and shortened life expectancy, historically ranked lowest in Taiwan, due to high smoking and HCV (+) rates, improved. Sites like leukemia were not elevated. A total of 8299 residents participated in the health examination program. Unhealthy lifestyles were found among male residents, including smoking (29%), betel nut chewing (12%), drinking (25%) and inactivity (67%). Upon its operation, PC generated revenues amounting to 9.2% GDP. An influx of population (+ 23%) occurred amid a decreasing trend elsewhere.

Conclusions: Residents improved their poor health after PC, reversing the trend. PC offered funds and services, reducing unhealthy behavior, and led to robust economic benefits.

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